

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10501527

FILING DATE

CLAIMS

AS FILED
AFTER
IN AMENDMENT
IND. DEP.

IND. DEP. IND. DEP.

AS FILED
AFTER
IN AMENDMENT
IND. DEP.

IND. DEP. IND. DEP.

AS FILED
AFTER
IN AMENDMENT
IND. DEP.

IND. DEP. IND. DEP.

AS FILED
AFTER
IN AMENDMENT
IND. DEP.

IND. DEP. IND. DEP.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

TOTAL IND. TOTAL DEP. TOTAL CLAIMS

AS FILED
AFTER
IN AMENDMENT
IND. DEP.

IND. DEP. IND. DEP.

AS FILED
AFTER
IN AMENDMENT
IND. DEP.

IND. DEP. IND. DEP.

AS FILED
AFTER
IN AMENDMENT
IND. DEP.

IND. DEP. IND. DEP.

AS FILED
AFTER
IN AMENDMENT
IND. DEP.

IND. DEP. IND. DEP.

AS FILED
AFTER
IN AMENDMENT
IND. DEP.

IND. DEP. IND. DEP.

AS FILED
AFTER
IN AMENDMENT
IND. DEP.

IND. DEP. IND. DEP.